DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

POC accepted 7/15/08 B. Cameron

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295067	A. BUILDING _____ B. WING _____	C 06/20/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN AT CC HEALTH & REHAB	3050 N ORMSBY CARSON CITY, NV 89703

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F 000	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 6/18/08. Complaint #NV00018477 alleged that the facility failed to provide adequate comfort care to a resident. The complaint was substantiated. See F309. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.	F 000	DISCLAIMER CLAUSE PREPARATION AND/OR EXECUTION OF THIS PLAN OF CORRECTION DOES NOT CONSTITUTE THE PROVIDER'S ADMISSION OF OR AGREEMENT WITH THE FACTS ALLEGED OR CONCLUSIONS SET FORTH IN THE STATEMENT OF DEFICIENCIES. THE PLAN OF CORRECTION IS PREPARED AND/OR EXECUTED SOLEY BECAUSE IT IS REQUIRED BY THE PROVISIONS OF FEDERAL AND STATE LAW.	
F 309 SS=D	483.25 QUALITY OF CARE Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on record review and interview it was determined that the facility failed to provide administer pain medication in a timely manner. (#1) Findings include: Resident #1: The resident was admitted to the facility on 5/13/08 with the following diagnoses: pneumonia, cerebral vascular accident,	F 309	**F-309 Quality of Care** It is the policy of this facility that each resident receive the necessary care and services to attain or maintain the highest practicable physical, mental and psychological well-being, in accordance with the comprehensive assessment and care plan. **Residents with Potential Risks** Resident #1 has discharged from the facility. Residents with pain medication orders are at risk of being affected by the practice identified.	

RECEIVED
JUL 08 2008
BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Tiffany Thompson	Executive Director	7/8/08

any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 309	Continued From page 1 depression, hypertension, and hypothyroidism. On 6/18/08, Resident #1's medical record was reviewed. Review of the nurse's notes revealed that on 5/15/08 the resident was declining in health. The resident refused to return to the hospital; the resident and the resident's daughter who was the resident's power of attorney, agreed at that time to obtain an order for comfort care. The resident also requested, on 5/15/08, that physical and occupational therapies be discontinued. Review of the physician's orders for Resident #1 revealed that on 5/15/08 orders were written to discontinue physical therapy (PT) and occupational therapy (OT) and to provide "Comfort Care measures per patient and family request." On 5/15/08, a second order was written, "Comfort measures per patient request. OK'd per Dr." On 5/16/08 at 3:50 PM, an order was written for a Duragesic Patch, 50 micrograms (mcg) to be applied topically and changed every 72 hours. On 5/18/08 an order was written to request a hospice evaluation and to increase the amount of the Ativan as needed. On 5/19/08, an order was written to cancel the hospice evaluation per family request. On 5/19/08 at 5:00 PM, an order was written admitting Resident #1 to hospice. Review of Resident #1's medication administration records revealed that the Duragesic patch ordered on 5/16/08 was administered to the resident at 10:30 AM on 5/18/08. On 6/18/08, the director of nurses (DON) was interviewed. She stated that when an order is	F 309	**Corrective Action** Licensed nurses will be in-serviced on pain medication administration in a timely manner and to obtain pain medication from emergency supply if available. New medication orders should be received and available for administration within 24 hours of the time the order is transmitted to the pharmacy per facility pharmacy policy and procedures. Director of Nursing or designee will perform random audits regarding new pain medication orders being administered in timely manner. When deficient practices are identified, appropriate corrective action will be taken. **Implemented Measure to Ensure Compliance/Monitoring of Compliance** Director of Nursing or designee will report findings of random audits to CQI Committee on quarterly basis or until resolved.	7/25/08

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F 309	Continued From page 2 received it is faxed to the pharmacy. She said that, typically, the medication would arrive the next morning or, at the latest, in the afternoon delivery. She stated that many medications are available in the SureMed, the emergency medication dispenser. The DON stated that they had been having some difficulty with the pharmacy. She stated that she did not know whether the Duragesic patches were stocked in the SureMed. She did not have an explanation for why the Duragesic patch ordered on 5/16/08, but was not administered until 5/18/08. Review of the interdisciplinary progress notes for Resident #1 revealed on 5/16/08 the following entry was made, "MD will be in today to address options for pain control" and that speech therapy was withheld per daughter's request. On 5/17/08, at 11:22 AM, an entry was noted regarding the family's request for hospice, and a message left for the physician. A later entry on 5/17/08 from the physical therapist that noted that PT was being withheld and that resident's daughter had suggested no therapy. On 5/17/08 at 6:30 PM, an entry was made regarding the resident's restlessness; Morphine and Ativan were given as ordered. On 5/18/08, at 12:00 AM, the following was documented, "Resident asked regarding still in pain, she replied yes. Will call MD in morning to increase Morphine, but for tonight Ativan with Morphine seems effective." A later entry on 5/18/08 documented, "Family spoke of concerns about increased agitation last night don't feel resident is getting adequate pain relief. Duragesic patch placed on upper chest area from Sure, MS/Ativan (Morphine) given... Phoned message for MD to call back regarding Ativan coverage. Family believes she has increased tolerance to medications secondary to long term	F 309		

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F 309	Continued From page 3 use." On 5/18/08, physical therapy documented that resident was on comfort care and unable to do therapy. On 5/19/08, at 10:20 AM, the following was documented, "Daughter at desk very upset due to Dr. not here to see resident. Asking questions regarding hospice consult and confusion on resident care and condition." Review of Resident #1's care plans revealed an interdisciplinary care plan for comfort measures and a care plan for end of life care. Both of these care plans were initiated on 5/15/08. The end of life care plan listed the following interventions: "1. Risks and consequences of choices will be explained. 7. Medications as indicated to maintain comfort. 9. Evaluate verbal & non-verbal cues to assess pain." The interdisciplinary care plan for comfort measures interventions included: "Administer analgesics timely as ordered. Evaluate verbal and non-verbal cues to assess pain." On 6/18/08, Resident #1's daughter was interviewed. She stated that the Duragesic patch was not given on 5/18/08 until she inquired about it that morning. She stated that on the evening of 5/17/08, her mother was extremely agitated, in pain, and that it took three hours for her mother to settle down. She stated that her mother was suffering, and that her mother was placed on comfort care so she would not suffer. She stated that the family members had to chase staff down to request the pain medication for her mother. She stated that she had many questions about hospice care and her mother's prognosis, and the physician was not timely in returning her calls.	F 309		

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F 309	Continued From page 4 She stated that the nurse that spoke with her on 5/18/08 was very helpful. The resident was started on comfort care on 5/15/08.	F 309		